

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 1  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>American Dental Association Independent Expenditures Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00488338
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Strategic Impact</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 26 / 2016
Mailing Address 1890 Star Shoot Pkwy # 17-250		Amount 11464.85
City Lexington	State KY	Zip Code 40509-4566
Purpose of Expenditure Direct Mail-Primary GA-03	Category/Type	Transaction ID : E6DD33AB3EFA5499C852 Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate Dr. Drew Ferguson	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 55113.29		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Strategic Impact</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 27 / 2016
Mailing Address 1890 Star Shoot Pkwy # 17-250		Amount 9021.91
City Lexington	State KY	Zip Code 40509-4566
Purpose of Expenditure Direct Mail-Primary GA-03	Category/Type	Transaction ID : E1C56848CE7AD4AC8AE Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2016
Name of Federal Candidate Dr. Drew Ferguson	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 64135.20		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	20486.76
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	20486.76

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Thomas Harrison

[Electronically Filed]

Date

MM / DD / YYYY  
04 / 28 / 2016

Signature